



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

JUN 13 1982

Mr. Gordon Schultz  
GMC AC Spark Plug Div  
1300 North Dort Highway  
Flint, Michigan 48556

RE: Interim Status Acknowledgement  
FACILITY NAME: GMC AC Spark Plug Div

USEPA ID No. MIT270010259

Dear Mr. Shultz:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

*Handwritten note:* RES 6/11/82

Enclosure  
cc: John R. Wilson



AC Spark Plug

Division of General Motors Corporation Flint, Michigan 48556

March 10, 1981

EPA Region 5  
RCRA Activities  
P.O. A3587  
Chicago, Ill. 60690

Dear Sharon

This is to verify that the following facility location addresses are correct on the EPA I.D. numbers as assigned to AC Spark Plug.

MIT270010226 Name of facility  
GMC AC Spark Plug - Averill Ave - *corrected name 9/18/81 L.M.*  
4143 Davison Road - facility location *corrected fac. add. 9/18/81 L.M.*  
Flint, MI. 48556

*ok 9-18-81 L.M.* MIT270010259 Name of facility  
GMC AC Spark Plug - Davison Engineering Facility location  
1601 North Averill Ave.  
Flint, MI. 48556

MIT270010242 Name of facility  
GMC AC Spark Plug - Waste Treatment Facility location  
3026 Robert T. Longway Blvd.  
Flint, MI. 48556

*check  
I.D. no.*

*corrected name  
9-18-81 L.M.*

Gordon L. Schultz  
General Supervisor  
Department 1951

GS:pn

*MAR 19 1981*



7620.  
7621.  
7622.  
7623.  
7624.  
7625.  
7626.  
7627.  
7628.  
7629.  
7630.  
7631.  
7632.  
7633.  
7634.  
7635.  
7636.  
7637.  
7638.  
7639.  
7640.  
7641.  
7642.  
7643.  
7644.  
7645.  
7646.  
7647.  
7648.  
7649.  
7650.  
7651.  
7652.  
7653.  
7654.  
7655.  
7656.  
7657.  
7658.  
7659.  
7660.  
7661.  
7662.  
7663.  
7664.  
7665.  
7666.  
7667.  
7668.  
7669.  
7670.  
7671.  
7672.  
7673.

FACILITY NAME

-----  
GMC AC SPARK PLUG DIV - DAVISON ENG

EPA ID NUMBER

-----  
MIT270010259

FACILITY OPERATOR

-----  
GMC AC SPARK PLUG DIV ENGINEERING

FACILITY OWNER

-----  
GMC AC SPARK PLUG DIV ENGINEERING

FACILITY LOCATION

-----  
1601 NORTH AVERILL AVENUE  
FLINT MI 48556

PROCESS CODE

DESIGN CAPACITY

UNIT OF MEASURE

-----  
S02 8500.00000  
S01 31350.00000

\*\*\*\*\*KEY\*\*\*\*\*

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE	CODE
-----				
STORAGE:			* GALLONS	G
-----			* LITERS	L
CONTAINER	S01	G OR L	* CUBIC YARDS	Y
TANK	S02	G OR L	* CUBIC METERS	C
WASTE PILE	S03	Y OR C	* GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY	V
DISPOSAL:			* TONS PER HOUR	D
-----			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G,L,U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:			* HECTARES	Q
-----			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D,W,E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J,R,N,S,U,V	*	



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

~~MIT270010259~~

REACKNOWLEDGEMENT

GMC AC SPARK PLUG DIV ENGINEERING  
1300 NORTH DORT HIGHWAY  
FLINT MI 48556

INSTALLATION ADDRESS

1601 NORTH AVERILL AVENUE  
FLINT MI 48556



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

AC Spark Plug Division

II. INSTALLATION MAILING ADDRESS

General Motors Corporation

PLEASE PLACE LABEL IN THIS SPACE

1300 N. Dort Highway  
Flint, Michigan 48556

III. LOCATION OF INSTALLATION

Engineering Building  
1601 N. Averill Avenue  
Flint, Michigan 48556

## FOR OFFICIAL USE ONLY

## COMMENTS

C MID980568620

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F MIT270010259

A

800813

GMC AC SPARK PLUG DIV  
- ENGINEERING

## I. NAME OF INSTALLATION

AC SPARK PLUG DIVISION

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

31300 NORTH DORT HIGHWAY

## CITY OR TOWN

4 FLINT

## ST.

## ZIP CODE

MI 48556

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

51300 NORTH DORT HIGHWAY

1601 N. AVERILL Ave

## CITY OR TOWN

6 FLINT

## ST.

## ZIP CODE

MI 48556

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

## PHONE NO. (area code &amp; no.)

2 SCHULTZ GORDON SUPERVISOR

313-766-2141

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 GENERAL MOTORS CORPORATION

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MIT270010259

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 13 1980



5	6	7	8	9	10	11	12	13	14	15
W	11	12	13	14	15	16	17	18	19	20

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 6 23 - 26	4 F 0 0 7 23 - 26	5 F 0 0 8 23 - 26	6 F 0 0 9 23 - 26
7 F 0 1 7 23 - 26	8 F 0 1 8 23 - 26	9  23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 3 0 23 - 26	32 P 0 9 8 23 - 26	33 P 0 9 9 23 - 26	34 P 1 0 4 23 - 26	35 P 1 0 6 23 - 26	36 P 1 2 1 23 - 26
37 U 0 0 2 23 - 26	38 U 0 1 9 23 - 26	39 U 2 2 6 23 - 26	40 U 2 2 8 23 - 26	41 U 2 2 9 23 - 26	42 U 2 3 9 23 - 26
43  23 - 26	44  23 - 26	45  23 - 26	46  23 - 26	47  23 - 26	48  23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)
**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<b>SIGNATURE</b> Kent M. Hegler	<b>NAME &amp; OFFICIAL TITLE (type or print)</b> Director of Plant Engineering	<b>DATE SIGNED</b> 8-11-80
------------------------------------	---	-------------------------------





AC Rochester

1300 N. Dort Highway  
Flint, Michigan 48556 USA

August 8, 1989

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Steven R. Sliver  
Environmental Engineer  
Waste Management Division  
Department of Natural Resources  
Stevens T. Mason Building  
P.O. Box 30028  
Lansing, Michigan 48909

RECEIVED

AUG 08 1989

Waste Management  
Division

Dear Mr. Sliver:

Please find enclosed the revised USEPA Forms 3510-1 and 3510-3 for AC Rochester's Averill Avenue (MID 980 568 745) and Engineering Complex (MID 980 568 620) interim status hazardous waste storage facilities. Also enclosed is the required certification by Mr. Jan E. Tannehill, General Manager.

The Averill Avenue submissions have been modified to reflect the facility's name change and the types of wastes actually stored, as well as retention of the process code for the underground storage tank which was removed in an emergency closure.

The Engineering Complex submissions have been modified to reflect the facility's name change and the types of wastes actually stored. The process codes and process quantities include both the waste oil tank and the scrap fuel tank.

If you have any additional questions concerning the attached forms, please do not hesitate to contact Dr. James Harless at Techna Corporation or me.

Sincerely yours,

Susan D. Kelsey  
Senior Environmental Engineer

enclosures (5)

cc: Dr. James Harless, Techna Corporation

<b>FORM</b> <b>GENERAL</b>	 <b>EPA</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <b>FMID980568620</b> <b>ID</b>																																																						
<b>II. POLLUTANT CHARACTERISTICS</b> <p><b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td>X</td> <td></td> <td>NA</td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td>X</td> <td></td> <td>X</td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td>X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>		SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X		C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NA	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X		E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X		G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X		I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in areas below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'																																																				
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED																																																		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X																																																			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NA	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X																																																			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X																																																			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X																																																			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X																																																			
<b>III. NAME OF FACILITY</b> <b>1</b> <b>SKIP</b> GMC AC ROCHESTER DIVISION ENGINEERING																																																									
<b>IV. FACILITY CONTACT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">A. NAME &amp; TITLE (last, first, &amp; title)</th> <th colspan="4">B. PHONE (area code &amp; no.)</th> </tr> </thead> <tbody> <tr> <td colspan="4">2 KELSEY, SUSAN D. SR ENV ENGR</td> <td colspan="4">313 257 6595</td> </tr> </tbody> </table>				A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)				2 KELSEY, SUSAN D. SR ENV ENGR				313 257 6595																																									
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)																																																					
2 KELSEY, SUSAN D. SR ENV ENGR				313 257 6595																																																					
<b>V. FACILITY MAILING ADDRESS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">A. STREET OR P.O. BOX</th> <th colspan="2">B. CITY OR TOWN</th> <th>C. STATE</th> <th>D. ZIP CODE</th> </tr> </thead> <tbody> <tr> <td colspan="4">3 1300 NORTH DORT HIGHWAY</td> <td colspan="2">4 FLINT</td> <td>MI</td> <td>48556</td> </tr> </tbody> </table>				A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE	D. ZIP CODE	3 1300 NORTH DORT HIGHWAY				4 FLINT		MI	48556																																						
A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE	D. ZIP CODE																																																		
3 1300 NORTH DORT HIGHWAY				4 FLINT		MI	48556																																																		
<b>VI. FACILITY LOCATION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</th> <th colspan="2">B. COUNTY NAME</th> <th>C. CITY OR TOWN</th> <th>D. STATE</th> <th>E. ZIP CODE</th> <th>F. COUNTY CODE (if known)</th> </tr> </thead> <tbody> <tr> <td colspan="4">5 1601 NORTH AVERILL AVENUE</td> <td colspan="2">GENESEE</td> <td>FLINT</td> <td>MI</td> <td>48556</td> <td>025</td> </tr> </tbody> </table>				A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)	5 1601 NORTH AVERILL AVENUE				GENESEE		FLINT	MI	48556	025																																		
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)																																																
5 1601 NORTH AVERILL AVENUE				GENESEE		FLINT	MI	48556	025																																																



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	7	1	7	3	6	9
(specify) Motor vehicle parts and accessories				(specify) Spark plugs, engine ignition			
C. THIRD				D. FOURTH			
7	3	8	2	7	3	5	1
(specify) Motor vehicle instruments				(specify) Parts and accessories for internal combustion engines			

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
8 GMC AC ROCHESTER DIVISION												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)			
F = FEDERAL      M = PUBLIC (other than federal or state) S = STATE        O = OTHER (specify) P = PRIVATE										3 1 3 7 6 6 2 1 4 1			
E. STREET OR P.O. BOX													
1 3 0 0 NORTH DORT HIGHWAY													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
B FLINT						M I		4 8 5 5 6		Is the facility located on Indian lands?			
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N	N	A	9	P	N	A
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U	N	A	SEE ATTACHED (specify) Michigan Air Use Permits			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R	N	A	(specify)			

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of automotive components.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Jan E. Tannehill General Manager	<i>Jan E. Tannehill</i>	

## COMMENTS FOR OFFICIAL USE ONLY

C	
---	--

<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER	
		F M I D 9 8 0 5 6 8 7 4 5 1	
<b>FOR OFFICIAL USE ONLY</b>			
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)	
73 74 75 76 77 78		73 74 75 76 77 78	
<b>II. FIRST OR REVISED APPLICATION</b>			
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.			
<input type="checkbox"/> A. EXISTING FACILITY (place an "X" below and provide the appropriate date) 71		<input type="checkbox"/> B. NEW FACILITY (Complete item below.) 71	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
73 74 75 76 77 78		73 74 75 76 77 78	
<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS 72			
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT 72			
<b>III. PROCESSES - CODES AND DESIGN CAPACITIES</b>			
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).			
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.			
1. AMOUNT - Enter the amount.			
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.			
PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	
TANK	S02	GALLONS OR LITERS	
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	
<b>Disposal:</b>			
INJECTION WELL	D79	GALLONS OR LITERS	
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	
LAND APPLICATION	D81	ACRES OR HECTARES	
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY	
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS	
UNIT OF MEASURE		UNIT OF MEASURE CODE	
GALLONS	G		
LITERS	L		
CUBIC YARDS	Y		
CUBIC METERS	C		
GALLONS PER DAY	U		
PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Treatment:</b>			
TANK	T01	GALLONS PER DAY OR LITERS PER DAY	
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		T04	GALLONS PER DAY OR LITERS PER DAY
UNIT OF MEASURE		UNIT OF MEASURE CODE	
ACRE-FEET	A		
HECTARE-METER	F		
ACRES	B		
HECTARES	Q		
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.			
D U P			
1 2 3 4 5 6 7 8 9 10			
13 14 15 16 17 18 19 20 21 22			
23 24 25 26 27 28 29 30 31 32			
33 34 35 36 37 38 39 40 41 42			
43 44 45 46 47 48 49 50 51 52			
53 54 55 56 57 58 59 60 61 62			
63 64 65 66 67 68 69 70 71 72			
73 74 75 76 77 78 79 80 81 82			
83 84 85 86 87 88 89 90 91 92			
93 94 95 96 97 98 99 100 101 102			
103 104 105 106 107 108 109 110 111 112			
113 114 115 116 117 118 119 120 121 122			
123 124 125 126 127 128 129 130 131 132			
133 134 135 136 137 138 139 140 141 142			
143 144 145 146 147 148 149 150 151 152			
153 154 155 156 157 158 159 160 161 162			
163 164 165 166 167 168 169 170 171 172			
173 174 175 176 177 178 179 180 181 182			
183 184 185 186 187 188 189 190 191 192			
193 194 195 196 197 198 199 200 201 202			
203 204 205 206 207 208 209 210 211 212			
213 214 215 216 217 218 219 220 221 222			
223 224 225 226 227 228 229 230 231 232			
233 234 235 236 237 238 239 240 241 242			
243 244 245 246 247 248 249 250 251 252			
253 254 255 256 257 258 259 260 261 262			
263 264 265 266 267 268 269 270 271 272			
273 274 275 276 277 278 279 280 281 282			
283 284 285 286 287 288 289 290 291 292			
293 294 295 296 297 298 299 300 301 302			
303 304 305 306 307 308 309 310 311 312			
313 314 315 316 317 318 319 320 321 322			
323 324 325 326 327 328 329 330 331 332			
333 334 335 336 337 338 339 340 341 342			
343 344 345 346 347 348 349 350 351 352			
353 354 355 356 357 358 359 360 361 362			
363 364 365 366 367 368 369 370 371 372			
373 374 375 376 377 378 379 380 381 382			
383 384 385 386 387 388 389 390 391 392			
393 394 395 396 397 398 399 400 401 402			
403 404 405 406 407 408 409 410 411 412			
413 414 415 416 417 418 419 420 421 422			
423 424 425 426 427 428 429 430 431 432			
433 434 435 436 437 438 439 440 441 442			
443 444 445 446 447 448 449 450 451 452			
453 454 455 456 457 458 459 460 461 462			
463 464 465 466 467 468 469 470 471 472			
473 474 475 476 477 478 479 480 481 482			
483 484 485 486 487 488 489 490 491 492			
493 494 495 496 497 498 499 500 501 502			
503 504 505 506 507 508 509 510 511 512			
513 514 515 516 517 518 519 520 521 522			
523 524 525 526 527 528 529 530 531 532			
533 534 535 536 537 538 539 540 541 542			
543 544 545 546 547 548 549 550 551 552			
553 554 555 556 557 558 559 560 561 562			
563 564 565 566 567 568 569 570 571 572			
573 574 575 576 577 578 579 580 581 582			
583 584 585 586 587 588 589 590 591 592			
593 594 595 596 597 598 599 600 601 602			
603 604 605 606 607 608 609 610 611 612			
613 614 615 616 617 618 619 620 621 622			
623 624 625 626 627 628 629 630 631 632			
633 634 635 636 637 638 639 640 641 642			
643 644 645 646 647 648 649 650 651 652			
653 654 655 656 657 658 659 660 661 662			
663 664 665 666 667 668 669 670 671 672			
673 674 675 676 677 678 679 680 681 682			
683 684 685 686 687 688 689 690 691 692			
693 694 695 696 697 698 699 700 701 702			
703 704 705 706 707 708 709 710 711 712			
713 714 715 716 717 718 719 720 721 722			
723 724 725 726 727 728 729 730 731 732			
733 734 735 736 737 738 739 740 741 742			
743 744 745 746 747 748 749 750 751 752			
753 754 755 756 757 758 759 760 761 762			
763 764 765 766 767 768 769 770 771 772			
773 774 775 776 777 778 779 780 781 782			
783 784 785 786 787 788 789 790 791 792			
793 794 795 796 797 798 799 800 801 802			
803 804 805 806 807 808 809 810 811 812			
813 814 815 816 817 818 819 820 821 822			
823 824 825 826 827 828 829 830 831 832			
833 834 835 836 837 838 839 840 841 842			
843 844 845 846 847 848 849 850 851 852			
853 854 855 856 857 858 859 860 861 862			
863 864 865 866 867 868 869 870 871 872			
873 874 875 876 877 878 879 880 881 882			
883 884 885 886 887 888 889 890 891 892			
893 894 895 896 897 898 899 900 901 902			
903 904 905 906 907 908 909 910 911 912			
913 914 915 916 917 918 919 920 921 922			
923 924 925 926 927 928 929 930 931 932			
933 934 935 936 937 938 939 940 941 942			
943 944 945 946 947 948 949 950 951 952			
953 954 955 956 957 958 959 960 961 962			
963 964 965 966 967 968 969 970 971 972			
973 974 975 976 977 978 979 980 981 982			
983 984 985 986 987 988 989 990 991 992			
993 994 995 996 997 998 999 1000 1001 1002			
1003 1004 1005 1006 1007 1008 1009 1010 1011 1012			
1013 1014 1015 1016 1017 1018 1019 1020 1021 1022			
1023 1024 1025 1026 1027 1028 1029 1030 1031 1032			
1033 1034 1035 1036 1037 1038 1039 1040 1041 1042			
1043 1044 1045 1046 1047 1048 1049 1050 1051 1052			
1053 1054 1055 1056 1057 1058 1059 1060 1061 1062			
1063 1064 1065 1066 1067 1068 1069 1070 1071 1072			
1073 1074 1075 1076 1077 1078 1079 1080 1081 1082			
1083 1084 1085 1086 1087 1088 1089 1090 1091 1092			
1093 1094 1095 1096 1097 1098 1099 1100 1101 1102			
1103 1104 1105 1106 1107 1108 1109 1110 1111 1112			
1113 1114 1115 1116 1117 1118 1119 1120 1121 1122			
1123 1124 1125 1126 1127 1128 1129 1130 1131 1132			
1133 1134 1135 1136 1137 1138 1139 1140 1141 1142			
1143 1144 1145 1146 1147 1148 1149 1150 1151 1152			
1153 1154 1155 1156 1157 1158 1159 1160 1161 1162			
1163 1164 1165 1166 1167 1168 1169 1170 1171 1172			
1173 1174 1175 1176 1177 1178 1179 1180 1181 1182			
1183 1184 1185 1186 1187 1188 1189 1190 1191 1192			
1193 1194 1195 1196 1197 1198 1199 1200 1201 1202			
1203 1204 1205 1206 1207 1208 1209 1210 1211 1212			
1213 1214 1215 1216 1217 1218 1219 1220 1221 1222			
1223 1224 1225 1226 1227 1228 1229 1230 1231 1232			
1233 1234 1235 1236 1237 1238 1239 1240 1241 1242			
1243 1244 1245 1246 1247 1248 1249 1250 1251 1252			
1253 1254 1255 1256 1257 1258 1259 1260 1261 1262			
1263 1264 1265 1266 1267 1268 1269 1270 1271 1272			
1273 1274 1275 1276 1277 1278 1279 1280 1281 1282			
1283 1284 1285 1286 1287 1288 1289 1290 1291 1292			
1293 1294 1295 1296 1297 1298 1299 1300 1301 1302			
1303 1304 1305 1306 1307 1308 1309 1310 1311 1312			
1313 1314 1315 1316 1317 1318 1319 1320 1321 1322			
1323 1324 1325 1326 1327 1328 1329 1330 1331 1332			
1333 1334 1335 1336 1337 1338 1339 1340 1341 1342			
1343 1344 1345 1346 1347 1348 1349 1350 1351 1352			
1353 1354 1355 1356 1357 1358 1359 1360 1361 1362			
1363 1364 1365 1366 1367 1368 1369 1370 1371 1372			
1373 1374 1375 1376 1377 1378 1379 1380 1381 1382			
1383 1384 1385 1386 1387 1388 1389 1390 1391 1392			
1393 1394 1395 1396 1397 1398 1399 1400 1401 1402			
1403 1404 1405 1406 1407 1408 1409 1410 1411 1412			
1413 1414 1415 1416 1417 1418 1419 1420 1421 1422			
1423 1424 1425 1426 1427 1428 1429 1430 1431 1432			
1433 1434 1435 1436 1437 1438 1439 1440 1441 1442			
1443 1444 1445 1446 1447 1448 1449 1450 1451 1452			
1453 1454 1455 1456 1457 1458 1459 1460 1461 1462			
1463 1464 1465 1466 1467 1468 1469 1470 1471 1472			
1473 1474 1475 1476 1477 1478 1479 1480 1481 1482			
1483 1484 1485 1486 1487 1488 1489 1490 1491 1492			
1493 1494 1495 1496 1497 1498 1499 1500 1501 1502			
1503 1504 1505 1506 1507 1508 1509 1510 1511 1512			
1513 1514 1515 1516 1517 1518 1519 1520 1521 1522			
1523 1524 1525 1526 1527 1528 1529 1530 1531 1532			
1533 1534 1535 1536 1537 1538 1539 1540 1541 1542			
1543 1544 1545 1546 1547 1548 1549 1550 1551 1552			
1553 1554 1555 1556 1557 1558 1559 1560 1561 1562			
1563 1564 1565 1566 1567 1568 1569 1570 1571 1572			
1573 1574 1575 1576 1577 1578 1579 1580 1581 1582			
1583 1584 1585 1586 1587 1588 1589 1590 1591 1592			
1593 1594 1595 1596 1597 1598 1599 1600 1601 1602			
1603 1604 1605 1606 1607 1608 1609 1610 1611 1612			
1613 1614 1615 1616 1617 1618 1619 1620 1621 1622			
1623 1624 1625 1626 1627 1628 1629 1630 1631 1632			
1633 1634 1635 1636 1637 1638 1639 1640 1641 1642			
1643 1644 1645 1646 1647 1648 1649 1650 1651 1652			



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	7	1	7	3	6	9
(specify) Motor vehicle parts and accessories				(specify) Spark plugs, engine ignition			
C. THIRD				D. FOURTH			
7	3	8	2	7	3	5	1
(specify) Motor vehicle instruments				(specify) Parts & accessories for internal combustion engines			

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?	
GMC AC ROCHESTER DIVISION										<input type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL    M = PUBLIC (other than federal or state) S = STATE     O = OTHER (specify) P = PRIVATE										3 1 3 7 6 6 2 1 4 1	
E. STREET OR P.O. BOX											
1300 NORTH DORT HIGHWAY											
F. CITY OR TOWN					G. STATE		H. ZIP CODE		IX. INDIAN LAND		
FLINT					MI		48556		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N	A		9	P	N	A
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U	N	A	SEE ATTACHED Michigan Air Use Permits			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R	N	A				

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of automotive parts.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Jan E. Tannehill General Manager		

## COMMENTS FOR OFFICIAL USE ONLY

C

FORM RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)
--------------	---	---

1. EPA I.D. NUMBER												
F	M	I	D	9	8	0	5	6	8	6	2	0

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24	18

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (Place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
73	74	75

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
73	74	75

## B. REVISED APPLICATION (place an "X" below and complete item 1 above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	501	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	502	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	503	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	504	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
	UNIT OF MEASURE CODE			UNIT OF MEASURE CODE	
GALLONS	G	LITERS PER DAY		ACRE-FEET	A
LITERS	L	TONS PER HOUR		HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR		ACRES	B
CUBIC METERS	C	GALLONS PER HOUR		HECTARES	G
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C											
1 2 3 4 5 6 7 8 9 10 11 12											
13 14 15 16 17 18 19 20 21 22 23 24											
25 26 27 28 29 30 31 32 33 34 35 36											
37 38 39 40 41 42 43 44 45 46 47 48											
49 50 51 52 53 54 55 56 57 58 59 60											
61 62 63 64 65 66 67 68 69 70 71 72											
73 74 75 76 77 78 79 80 81 82 83 84											
85 86 87 88 89 90 91 92 93 94 95 96											
97 98 99 100 101 102 103 104 105 106 107 108											
109 110 111 112 113 114 115 116 117 118 119 120											
121 122 123 124 125 126 127 128 129 130 131 132											
133 134 135 136 137 138 139 140 141 142 143 144											
145 146 147 148 149 150 151 152 153 154 155 156											
157 158 159 160 161 162 163 164 165 166 167 168											
169 170 171 172 173 174 175 176 177 178 179 180											
181 182 183 184 185 186 187 188 189 190 191 192											
193 194 195 196 197 198 199 200 201 202 203 204											
205 206 207 208 209 210 211 212 213 214 215 216											
217 218 219 220 221 222 223 224 225 226 227 228											
229 230 231 232 233 234 235 236 237 238 239 240											
241 242 243 244 245 246 247 248 249 250 251 252											
253 254 255 256 257 258 259 260 261 262 263 264											
265 266 267 268 269 270 271 272 273 274 275 276											
277 278 279 280 281 282 283 284 285 286 287 288											
289 290 291 292 293 294 295 296 297 298 299 300											
301 302 303 304 305 306 307 308 309 310 311 312											
313 314 315 316 317 318 319 320 321 322 323 324											
325 326 327 328 329 330 331 332 333 334 335 336											
337 338 339 340 341 342 343 344 345 346 347 348											
349 350 351 352 353 354 355 356 357 358 359 360											
361 362 363 364 365 366 367 368 369 370 371 372											
373 374 375 376 377 378 379 380 381 382 383 384											
385 386 387 388 389 390 391 392 393 394 395 396											
397 398 399 400 401 402 403 404 405 406 407 408											
409 410 411 412 413 414 415 416 417 418 419 420											
421 422 423 424 425 426 427 428 429 430 431 432											
433 434 435 436 437 438 439 440 441 442 443 444											
445 446 447 448 449 450 451 452 453 454 455 456											
457 458 459 460 461 462 463 464 465 466 467 468											
469 470 471 472 473 474 475 476 477 478 479 480											
481 482 483 484 485 486 487 488 489 490 491 492											
493 494 495 496 497 498 499 500 501 502 503 504											
505 506 507 508 509 510 511 512 513 514 515 516											
517 518 519 520 521 522 523 524 525 526 527 528											
529 530 531 532 533 534 535 536 537 538 539 540											
541 542 543 544 545 546 547 548 549 550 551 552											
553 554 555 556 557 558 559 560 561 562 563 564											
565 566 567 568 569 570 571 572 573 574 575 576											
577 578 579 580 581 582 583 584 585 586 587 588											
589 590 591 592 593 594 595 596 597 598 599 600											
601 602 603 604 605 606 607 608 609 610 611 612											
613 614 615 616 617 618 619 620 621 622 623 624											
625 626 627 628 629 630 631 632 633 634 635 636											
637 638 639 640 641 642 643 644 645 646 647 648											
649 650 651 652 653 654 655 656 657 658 659 660											
661 662 663 664 665 666 667 668 669 670 671 672											
673 674 675 676 677 678 679 680 681 682 683 684											
685 686 687 688 689 690 691 692 693 694 695 696											
697 698 699 700 701 702 703 704 705 706 707 708											
709 710 711 712 713 714 715 716 717 718 719 720											
721 722 723 724 725 726 727 728 729 730 731 732											
733 734 735 736 737 738 739 740 741 742 743 744											
745 746 747 748 749 750 751 752 753 754 755 756											
757 758 759 760 761 762 763 764 765 766 767 768											
769 770 771 772 773 774 775 776 777 778 779 780											
781 782 783 784 785 786 787 788 789 790 791 792											
793 794 795 796 797 798 799 800 801 802 803 804											
805 806 807 808 809 810 811 812 813 814 815 816											
817 818 819 820 821 822 823 824 825 826 827 828											
829 830 831 832 833 834 835 836 837 838 839 840											
841 842 843 844 845 846 847 848 849 850 851 852											
853 854 855 856 857 858 859 860 861 862 863 864											
865 866 867 868 869 870 871 872 873 874 875 876											
877 878 879 880 881 882 883 884 885 886 887 888											
889 890 891 892 893 894 895 896 897 898 899 900											
901 902 903 904 905 906 907 908 909 910 911 912											
913 914 915 916 917 918 919 920 921 922 923 924											
925 926 927 928 929 930 931 932 933 934 935 936											
937 938 939 940 941 942 943 944 945 946 947 948											
949 950 951 952 953 954 955 956 957 958 959 960											
961 962 963 964 965 966 967 968 969 970 971 972											
973 974 975 976 977 978 979 980 981 982 983 984											
985 986 987 988 989 990 991 992 993 994 995 996											
997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008											
1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020											
1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032											
1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044											
1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056											
1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068											
1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080											
1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092											
1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104											
1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116											
1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128											
1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140											
1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152											
1153 1154 1155 1156 1157 1158 1159 1160 1161 1162 1163 1164											
1165 1166 1167 1168 1169 1170 1171 1172 1173 1174 1175 1176											
1177 1178 1179 1180 1181 1182 1183 1184 1185 1186 1187 1188											
1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1200											
1201 1202 1203 1204 1205 1206 1207 1208 1209 1210 1211 1212											
1213 1214 1215 1216 1217 1218 1219 1220 1221 1222 1223 1224											
1225 1226 1227 1228 1229 1230 1231 1232 1233 1234 1235 1236											
1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248											
1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1260											
1261 1262 1263 1264 1265 1266 1267 1268 1269 1270 1271 1272											
1273 1274 1275 1276 1277 1278 1279 1280 1281 1282 1283 1284											
1285 1286 1287 1288 1289 1290 1291 1292 1293 1294 1295 1296											
1297 1298 1299 1300 1301 1302 1303 1304 1305 1306 1307 1308											
1309 1310 1311 1312 1313 1314 1315 1316 1317 1318 1319 1320											
1321 1322 1323 1324 1325 1326 1327 1328 1329 1330 1331 1332											
1333 1334 1335 1336 1337 1338 1339 1340 1341 1342 1343 1344											
1345 1346 1347 1348 1349 1350 1351 1352 1353 1354 1355 1356											
1357 1358 1359 1360 1361 1362 1363 1364 1365 1366 1367 1368											
1369 1370 1371 1372 1373 1374 1375 1376 1377 1378 1379 1380											
1381 1382 1383 1384 1385 1386 1387 1388 1389 1390 1391 1392											
1393 1394 1395 1396 1397 1398 1399 1400 1401 1402 1403 1404											
1405 1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416											
1417 1418 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428											
1429 1430 1431 1432 1433 1434 1435 1436 1437 1438 1439 1440											
1441 1442 1443 1444 1445 1446 1447 1448 1449 1450 1451 1452											
1453 1454 1455 1456 1457 1458 1459 1460 1461 1462 1463 1464											
1465 1466 1467 1468 1469 1470 1471 1472 1473 1474 1475 1476											
1477 1478 1479 1480 1481 1482 1483 1484 1485 1486 1487 1488											
1489 1490 1491 1492 1493 1494 1495 1496 1497 1498 1499 1500											
1501 1502 1503 1504 1505 1506 1507 1508 1509 1510 1511 1512											
1513 1514 1515 1516 1517 1518 1519 1520 1521 1522 1523 1524											
1525 1526 1527 1528 1529 1530 1531 1532 1533 1534 1535 1536											
1537 1538 1539 1540 1541 1542 1543 1544 1545 1546 1547 1548											
1549 1550 1551 1552 1553 1554 1555 1556 1557 1558 1559 1560											
1561 1562 1563 1564 1565 1566 1567 1568 1569 1570 1571 1572											
1573 1574 1575 1576 1577 1578 1579 1580 1581 1582 1583 1584											
1585 1586 1587 1588 1589 1590 1591 1592 1593 1594 1595 1596											
1597 1598 1599 1600 1601 1602 1603 1604 1605 1606 1607 1608											
1609 1610 1611 1612 1613 1614 1615 1616 1617 1618 1619 1620											
1621 1622 1623 1624 1625 1626 1627 1628 1629 1630 1631 1632											
1633 1634 1635 1636 1637 1638 1639 1640 1641 1642 1643 1644											
1645 1646 1647 1648 1649 1650 1651 1652 1653 1654 1655 1656											
1657 1658 1659 1660 1661 1662 1663 1664 1665 1666 1667 1668											
1669 1670 1671 1672 1673 1674 1675 1676 1677 1678 1679 1680											
1681 1682 1683 1684 1685 1686 1687 1688 1689 1690 1691 1692											
1693 1694 1695 1696 1697 1698 1699 1700 1701 1702 1703 1704											
1705 1706 1707 1708 1709 1710 1711 1712 1713 1714 1715 1716											
1717 1718 1719 1720 1721 1722 1723 1724 1725 1726 1727 1728											
1729 1730 1731 1732 1733 1734 1735 1736 1737 1738 1739 1740											
1741 1742 1743 1744 1745 1746 1747 1748 1749 1750 1751 1752											
1753 1754 1755 1756 1757 1758 1759 1760 1761 1762 1763 1764											
1765 1766 1767 1768 1769 1770 1771 1772 1773 1774 1775 1776											
1777 1778 1779 1780 1781 1782											



**III. PROCESSES (continued)**

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous waste:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W Z J Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
										DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	D 0 0 1	70,000	P	S 0 2															
2	D 0 0 1	1,500	P	S 0 1															
3	D 0 0 8	0																	Waste oil exempt from hazardous waste regulation
4	F 0 0 2	5,000	P	S 0 1															
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)													
S	M	I	D	9	8	0	5	6	8	6	2	T/A	C
F	M	I	D	9	8	0	5	6	8	6	2	0	6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	3	0	1	4	6	N	0	8	3	3	8	5	0	W					

## VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
E																			
3. STREET OR P.O. BOX										4. CITY OR TOWN									
C										G									
5. ST.										6. ZIP CODE									

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) Jan E. Tannehill General Manager	B. SIGNATURE 	C. DATE SIGNED
--	--	----------------

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED



FACILITY DRAWING (see page 4)

## MANGUARD SYSTEMS, INC.

## Listing of AC Rochester Flint East Air Permits

## AGENCY#

10-86	204-81	308-85	538-81	735-78	8-77	859-78
101-85	207-85	312-78	54-72	736-78	801-78	860-78
102-85	209-74	317-76	54-73	736-87	802-78	861-78
1044-84	213-71	32-73	549-85	737-78	806-78	862-84
1044-84	214-70	322-81	55-72	738-78	807-78	863-78
105-87	215-70	323-81	550-83	742-78	808-78	864-78
106-87	215-72	324-77	551-83	743-78	810-78	865-78
107-87	216-70	327-74	552-83	744-78	812-84	87-71
108-74	216-84	327-75	56-72	745-78	814-78	89-87
108-79	217-70	328-74	56-73	746-78	815-78	9-86
108-87	217-71	338-86	56-75	747-78	816-78	911-85
109-79	217-72	339-86	57-86	749-78	817-78	912-85
12-77	218-70	340-83	571-84	750-78	818-78	919-85
122-71	218-73	340-86	589-80	751-78	819-78	920-85
123-70	219-70	345-85	59-82	752-78	820-78	93-80
124-82	220-70	362-81	590-80	753-78	821-78	935-85
125-70	220-82	364-73	591-80	754-78	821-88	936-85
128-71	220-83	379-79	592-80	756-78	822-78	96-78
136-74	221-70	380-85	599-86	757-78	824-78	960-84
137-74	226-86	381-85	604-78	758-78	825-78	961-84
137-76	229-82	39-75	620-84	758-84	826-78	963-79
138-70	231-85	40-75	621-86	759-78	827-78	968-85
139-73	232-85	401-78	626-86	760-78	828-78	969-85
139-74	233-85	404-83	63-71	761-78	829-78	970-84
139-80	234-85	405-83	63-79	763-78	829-85	971-84
139-88	238-75	41-72	63-84	771-78	830-78	98-76
140-70	239-83	412-70	630-83	772-78	830-85	
143-70	25-84	420-74	631-83	773-78	830-85	
144-73	252-75	422-77	634-85	774-78	831-78	
148-73	256-83	426-73	654-85	776-78	831-84	
149-73	257-83	43-74	671-80	777-85	832-78	
149-74	26-72	45-71	674-79	780-78	832-84	
151-84	261-83	455-77	676-79	783-78	833-78	
161-86	266-78	457-77	676-86	784-78	834-78	
162-70	266-81	46-71	680-86	785-78	835-78	
162-86	266-86	47-71	690-81	786-78	836-78	
166-72	267-86	477-77	690-81A	787-78	837-78	
171-86	271-74	493-85	697-84	788-83	840-78	
172-86	288-84	493-87	699-77	79-86	841-78	
173-86	29-76	509-86	7-77	790-78	843-78	
183-71	295-80	510-86	70-80	791-78	844-78	
184-71	30-76	52-73	700-79	791-86	847-78	
185-71	302-77	520-85	708-86	793-78	848-78	
186-82	305-85	527-83	718-77	794-78	849-78	
187-73	305-86	528-83	724-80	796-86	850-78	
187-82	306-85	53-73	725-80	797-78	850-78	
20-77	307-72	533-77	733-84	798-78	852-78	
200-73	307-85	533-79	734-78	799-78	853-78	



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5AHWM

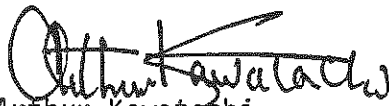
SEP 21 1981

Mr. Gordon Schultz, Supervisor  
General Motors Corporation  
AC Spark Plug Division  
1300 North Dort Highway  
Flint, Michigan 48556

Dear Mr. Schultz:

Recently you may have received two reacknowledgements for your installation at 1601 North Averill Avenue, Flint, Michigan. Please disregard the one listing your EPA identification number as MIT 270 010 269 and use the one listing your number as MIT 270 010 259. A computer problem made it impossible to remove the incorrect number.

Sincerely,

  
Arthur Kawatachi  
Regional Project Officer



# PART A AMENDMENTS

MID 980 368 620

Fac. Name GMC AC Spark Plug

I.D. # M-17-70010259

## Application

Date  
Received

Date of  
ADP Input

Filed (check)

1/17/80

\_\_\_\_\_

✓

## Amendments

Date  
Received

Date of Tech  
Staff Approval (if  
necessary)

Date of  
ADP Input

Filed (check)

2/19/82

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V.  
111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

*file*  
REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

DEC 9 1982

SCHULTZ GORDON GEN SUPV  
GMC AC SPARK PLUG DIV - DAVISON ENG  
1300 NORTH DORT HIGHWAY  
FLINT MI 48556  
FACILITY: 1601 NORTH AVERILL AVEN  
LOCATION: FLINT MI 48556  
ID NO.: MIT270010259

Dear Applicant:

RE: U.S. EPA Identification Number Change

This is to inform you that the United States Environmental Protection Agency (U.S. EPA) will be changing your temporary (T) identification number to a permanent (D) one. The label below shows your current temporary number as "OLD T NO." and the new permanent number as "NEW D NO."

OLD I.D. NO.: MIT270010259

NEW I.D. NO.: MID980568620

In order to provide your facility with adequate time to convert to the permanent U.S. EPA identification number, we will make the change in our computer system effective January 1, 1983. This will allow you to use your temporary identification number until the end of the calendar year and, thus, cover all 1982 hazardous waste handled under one number for your annual report.

We have coordinated the identification number change with your State hazardous waste management office. The State has a listing of your old and new numbers.

Please contact Mr. Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions regarding this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

cc: Facility owner

<b>FORM</b> <b>1</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">E</td> <td style="width:10%;">F</td> <td style="width:10%;">M</td> <td style="width:10%;">I</td> <td style="width:10%;">T</td> <td style="width:10%;">2</td> <td style="width:10%;">7</td> <td style="width:10%;">0</td> <td style="width:10%;">0</td> <td style="width:10%;">1</td> <td style="width:10%;">0</td> <td style="width:10%;">2</td> <td style="width:10%;">5</td> <td style="width:10%;">9</td> <td style="width:10%;">3</td> <td style="width:10%;">D</td> </tr> </table>	E	F	M	I	T	2	7	0	0	1	0	2	5	9	3	D
E	F	M	I	T	2	7	0	0	1	0	2	5	9	3	D				
<b>LABEL ITEMS</b> I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.															

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NA	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	GMC AC SPARK PLUG DIVISION ENGINEERING	69
---	------	--	----

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	SCHULTZ GORDON GEN SUPERVISOR	313	766 2141

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	
3	1300 NORTH DORT HIGHWAY
B. CITY OR TOWN	
4	FLINT
C. STATE	
MI	48556

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5	1601 NORTH AVERILL AVENUE
B. COUNTY NAME	
GENESEE	
C. CITY OR TOWN	
6	FLINT
D. STATE	
MI	48556
E. ZIP CODE	
025	
F. COUNTY CODE (if known)	



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	7	1	4	7	3	6
(specify) Motor vehicle parts & accessories				(specify) Spark plugs, engine ignition			
C. THIRD				D. FOURTH			
7	3	8	2	4	7	3	5
(specify) Motor vehicle instruments				(specify) Parts and accessories for internal combustion engine.			

## VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?	
GMC AC SPARK PLUG DIVISION ENGINEERING															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE															M = PUBLIC (other than federal or state) O = OTHER (specify)	
P															313 766 2141	
E. STREET OR P.O. BOX																
1300 NORTH DORT HIGHWAY																
F. CITY OR TOWN															G. STATE	
FLINT															MI	
															H. ZIP CODE	
															48556	
															IX. INDIAN LAND	
															Is the facility located on Indian lands?	
															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
N A										N A									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
N A										SEE ATTACHED									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
N A										(specify) Michigan Air Use Permits									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of automotive components..

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
John R. Wilson, Jr. General Manager	John R. Wilson Jr	11-17-80

## COMMENTS FOR OFFICIAL USE ONLY

C



## II. FIRST OR REVISED APPLICATION

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

- | YR. |    | MO. |    | DAY |    |
|-----|----|-----|----|-----|----|
|     |    |     |    |     |    |
| 73  | 74 | 75  | 76 | 77  | 78 |
- PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

- ☐
2. FACILITY HAS A RCRA PERMIT

2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

EPA Form 3510-3 (6-80)



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES C OR DESCRIBING OTHER PROCESSES (code "T") FOR EACH PROCESS ENTERED HERE  
INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. (JZ)	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



**CONTINUE ON REVERSE**



**IV. DESCRIPTION OF HAZARDOUS WASTE** (continued)**E. USE THIS SPACE TO LIST ADDITIONAL ACCESS CODES FROM ITEM D(1) ON PAGE**

EPA I.D. NO. (enter from page 1)														
S	F	M	I	T	2	7	0	0	1	0	2	5	9	T/A/C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	3	0	1	4	6	N	4	6	0	0	8	3	3	8	5	0	W	5	0
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84

**VIII. FACILITY OWNER**
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)														
C	E																												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39					
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.					6. ZIP CODE				
C	F									C	G																		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39					

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)															B. SIGNATURE															C. DATE SIGNED									
John R. Wilson, Jr. ✓															John R. Wilson, Jr.															11-17-80									

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)															B. SIGNATURE															C. DATE SIGNED									



APPROX. SCALE - 1" = 320'-0"

- DENOTES STORAGE AREA & TANKS  
S01 - CONTAINER STORAGE  
S02 - TANK STORAGE





AC Spark Plug

Division of General Motors Corporation Flint, Michigan 48556

AIR POLLUTION PERMITS  
ISSUED BY MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
TO AC SPARK PLUG DIVISION

September 29, 1980

123-70	254-72	138-74	7-77	742-78	779-78
125-70	307-72	149-74	12-77	743-78	780-78
143-70	15-73	148-74	20-77	744-78	781-78
142-70	32-73	209-74	154-77	745-78	782-78
140-70	52-73	270-74	302-77	746-78	783-78
138-70	53-73	271-74	324-77	747-78	784-78
162-70	54-73	326-74	362-77	748-78	785-78
214-70	55-73	327-74	422-77	749-78	786-78
215-70	56-73	328-74	455-77	750-78	787-78
216-70	116-73	383-74	456-77	751-78	788-78
217-70	139-73	420-74	457-77	752-78	789-78
218-70	138-73	450-74	477-77	753-78	790-78
219-70	127-73	451-74	533-77	754-78	791-78
220-70	144-73	39-75	557-77	755-78	792-78
221-70	143-73	40-75	554-77	756-78	793-78
110-70	145-73	56-75	699-77	757-78	794-78
87-71	146-73	147-75	718-77	758-78	795-78
45-71	147-73	145-75	724-77	759-78	796-78
46-71	148-73	146-75	726-77	760-78	797-78
47-71	149-73	188-75	725-77	761-78	798-78
63-71	150-73	189-75	95-78	478-78	799-78
122-71	160-73	238-75	96-78	479-78	800-78
128-71	159-73	252-75	129-78	762-78	801-78
184-71	187-73	268-75	133-78	763-78	802-78
183-71	186-73	285-75	266-78	764-78	803-78
185-71	217-73	327-75	312-78A	765-78	804-78
217-71	218-73	397-75	312-78	766-78	805-78
216-71	221-73	29-76	366-78	767-78	806-78
215-71	256-73	30-76	367-78	768-78	807-78
214-71	364-73	85-76	368-78	769-78	808-78
213-71	429-73	97-76	386-78	770-78	809-78
26-72	426-73	98-76	387-78	771-78	810-78
25-72	477-73	99-76	388-78	772-78	811-78
56-72	43-74	117-76	401-78	773-78	812-78
55-72	107-74	118-76	733-78	774-78	814-78
54-72	106-74	119-76	734-78	775-78	815-78
87-72	108-74	120-76	735-78	776-78	816-78
107-72	109-74	131-76	736-78	777-78	817-78
116-72	110-74	137-76	737-78	778-78	818-78
183-72	124-74	165-76	738-78	779-78	819-78
215-72	137-74	317-76	739-78	780-78	820-78
217-72	136-74	316-76	740-78	779-78	821-78
253-72	139-74	8-77	741-78	778-78	822-78

Air Pollution Permits  
Issued by Michigan Department of Natural Resources  
to AC Spark Plug Division  
September 29, 1980

---

823-78	198-79
824-78	379-79
825-78	377-79
826-78	532-79
827-78	533-79
828-78	679-79
829-78	678-79
830-78	677-79
831-78	676-79
832-78	675-79
833-78	674-79
834-78	700-79
835-78	963-79
836-78	70-80
837-78	93-80
838-78	139-80
839-78	295-80
840-78	351-80
841-78	352-80
842-78	353-80
843-78	380-80
844-78	395-80
845-78	589-80
846-78	590-80
847-78	591-80
848-78	592-80
849-78	
851-78	
852-78	
853-78	
854-78	
855-78	
856-78	
857-78	
858-78	
859-78	
860-78	
861-78	
862-78	
863-78	
864-78	
604-78	
63-79	
108-79	
109-79	
197-79	

List prepared by:

A. J. O'Brien



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F M I T 2 7 0 0 1 0 2 5 9	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NA	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	G M C A C S P A R K P L U G D I V I S I O N E N G I N E E R I N G
---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	S C H U L T Z G O R D O N G E N S U P E R V I S O R	3 1 3	7 6 6 2 1 4 1

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	1 3 0 0 N O R T H D O R T H I G H W A Y	4	F L I N T	M I	4 8 5 5 6

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	1 6 0 1 N O R T H A V E R I L L A V E N U E	6	G E N E S E E	6	F L I N T	M I	4 8 5 5 6
							0 2 5



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	7	1	7	3	6	9
(specify) Motor vehicle parts & accessories				(specify) Spark plugs, engine ignition			
C. THIRD				D. FOURTH			
7	3	8	2	7	3	5	1
(specify) Motor vehicle instruments				(specify) Parts and accessories for internal combustion engine.			

## VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?	
G M C A C S P A R K P L U G D I V I S I O N E N G I N E E R I N G															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box, if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE					M = PUBLIC (other than federal or state) O = OTHER (specify)					P (specify)					3 1 3 7 6 6 2 1 4 1				

E. STREET OR P.O. BOX														
1 3 0 0 N O R T H D O R T H I G H W A Y														

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
F L I N T										M I		4 8 5 5 6		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
N A										N A									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
N A										S E E A T T A C H E D (specify) Michigan Air Use Permits									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
N A										(specify)									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of automotive components.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
John R. Wilson, Jr. General Manager	<i>John R. Wilson Jr</i>	11-17-80

## COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY														



89

<b>FORM 3</b> RCRA		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>											
			5 F M I T 2 7 0 0 1 0 2 0 9											

**FOR OFFICIAL USE ONLY**

<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED</b> (yr., mo., & day)	<b>COMMENTS</b>
23	24 - 29	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																								
<table border="1"><tr><td>71</td><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td>8</td><td>50</td><td>06</td><td>01</td></tr><tr><td>15</td><td>73</td><td>74</td><td>75</td></tr></table> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	71	YR.	MO.	DAY	8	50	06	01	15	73	74	75	<table border="1"><tr><td>71</td><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>73</td><td>74</td><td>75</td><td>76</td></tr></table> FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	71	YR.	MO.	DAY					73	74	75	76
71	YR.	MO.	DAY																						
8	50	06	01																						
15	73	74	75																						
71	YR.	MO.	DAY																						
73	74	75	76																						

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
72	72

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C															T/A C 1														
1 2															13 14 15														
16 - 18 19															20 - 22 23														
24 - 26 27															28 - 30 31														
32															33														
34															35														
36															37														
38															39														
40															41														
42															43														
44															45														
46															47														
48															49														
50															51														
52															53														
54															55														
56															57														
58															59														
60															61														
62															63														
64															65														
66															67														
68															69														
70															71														
72															73														
74															75														
76															77														
78															79														
80															81														
82															83														
84															85														
86															87														
88															89														
90															91														
92															93														
94															95														
96															97														
98															99														
100															101														
102															103														
104															105														
106															107														
108															109														
110															111														
112															113														
114															115														
116															117														
118															119														
120															121														
122															123														
124															125														
126															127														
128															129														
130															131														
132															133														
134															135														
136															137														
138															139														
140															141														
142															143														
144															145														
146															147														
148															149														
150															151														
152															153														
154															155														
156															157														
158															159														
160															161														
162															163														
164															165														
166															167														
168															169														
170															171														
172															173														
174															175														
176															177														
178															179														
180															181														
182															183														
184															185														
186															187														
188															189														
190															191														
192															193														
194															195														
196															197														
198															199														
200															201														
202															203														
204															205														
206															207														
208															209														
210															211														
212															213														
214															215														
216															217														
218															219														
220															221														
222															223														
224															225														
226															227														
228															229														
230															231														
232															233														
234															235														
236															237														
238															239														
240															241														
242															243														
244															245														
246															247														
248															249														
250															251														
252															253														
254															255														
256															257														
258															259														
260															261														
262															263														
264															265														
266															267														
268															269														
270															271														
272															273														
274															275														
276															277														
278															279														
280															281														
282															283														
284															285														
286															287														
288															289														
290															291														
292															293														
294															295														
296															297														
298															299														
300															301														
302															303														
304															305														
306															307														
308															309														
310															311														
312															313														
314															315														
316															317														
318															319														
320															321														
322															323														
324															325														
326															327														
328															329														
330															331														
332															333														
334															335														
336															337														
338															339														
340															341														
342															343														
344															345														
346															347														
348															349														
350															351														
352															353														
354															355														
356															357														
358															359														
360															361														
362															363														
364															365														
366															367														
368															369														
370															371														
372															373														
374															375														
376															377														
378															379														
380															381														
382															383														
384															385														
386															387														
388															389														
390															391														
392															393														
394															395														
396															397														
398															399														
400															401														
402															403														
404															405														
406															407														
408															409														
410															411														
412															413														
414															415														
416															417														
418															419														
420															421														
422															423														
424															425														
426															427														
428															429														
430															431														
432															433														
434															435														
436															437														
438															439														
440															441														
442															443														
444															445														
446															447														
448															449														
450															451														
452															453														
454															455														
456															457														
458															459														
460															461														
462															463														
464															465														
466															467														
468															469														
470															471														
472															473														
474															475														
476															477														
478															479														
480															481														
482															483														
484															485														
486															487														
488															489														
490															491														
492															493														
494															495														
496															497														
498															499														
500															501														
502															503														
504															505														
506															507														
508															509														
510															511														
512															513														
514															515														
516															517														
518															519														
520															521														
522															523														
524															525														
526															527														
528															529														
530															531														
532															533														
534															535														
536															537														
538															539														
540															541														
542															543														
544															545														
546															547														
548															549														
550															551														
552															553														
554															555														
556															557														
558															559														
560															561														
562															563														
564															565														
566															567														
568															569														
570															571														
572															573														
574															575														
576															577														
578															579														
580															581														
582															583														
584															585														
586															587														
588															589														
590															591														
592															593														
594															595														
596															597														
598															599														
600															601														
602															603														
604															605														
606															607														
608															609														
610															611														
612															613														
614															615														
616															617														
618															619														
620															621														
622															623														
624															625														
626															627														
628															629														
630															631														
632															633														
634															635														
636															637														
638															639														
640															641														
642															643														
644															645														
646															647														
648															649														
650															651														
652															653														
654															655														
656															657														
658															659														
660															661														
662															663														
664															665														
666															667														
668															669														
670															671														
672															673														
674															675														
676															677														
678															679														
680															681														
682															683														
684															685														
686															687														
688															689														
690															691														
692															693														
694															695														
696															697														
698															699														
700															701														
702															703														
704															705														
706															707														
70																													



**III. PROCESSES** (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<b>ENGLISH UNIT OF MEASURE</b>	<b>CODE</b>
POUNDS.....	P
TONS.....	T

<b>METRIC UNIT OF MEASURE</b>	<b>CODE</b>
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



89

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY															
W M I T 2 7 0 0 1 0 2 5 9										W DUP															
<b>IV. DESCRIPTION OF HAZARDOUS WASTES (continued)</b>																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES														
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))						
1	D	0	0	1	50,000				P		S	0	1												
2	D	0	0	1	70,000				P		S	0	2												
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									



## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	T	2	7	0	0	1	0	2	5	9	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

43 01 46 N

083 38 50 W

## VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John R. Wilson, Jr.

John R. Wilson, Jr.

11-17-80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



# ENGINEERING COMPLEX

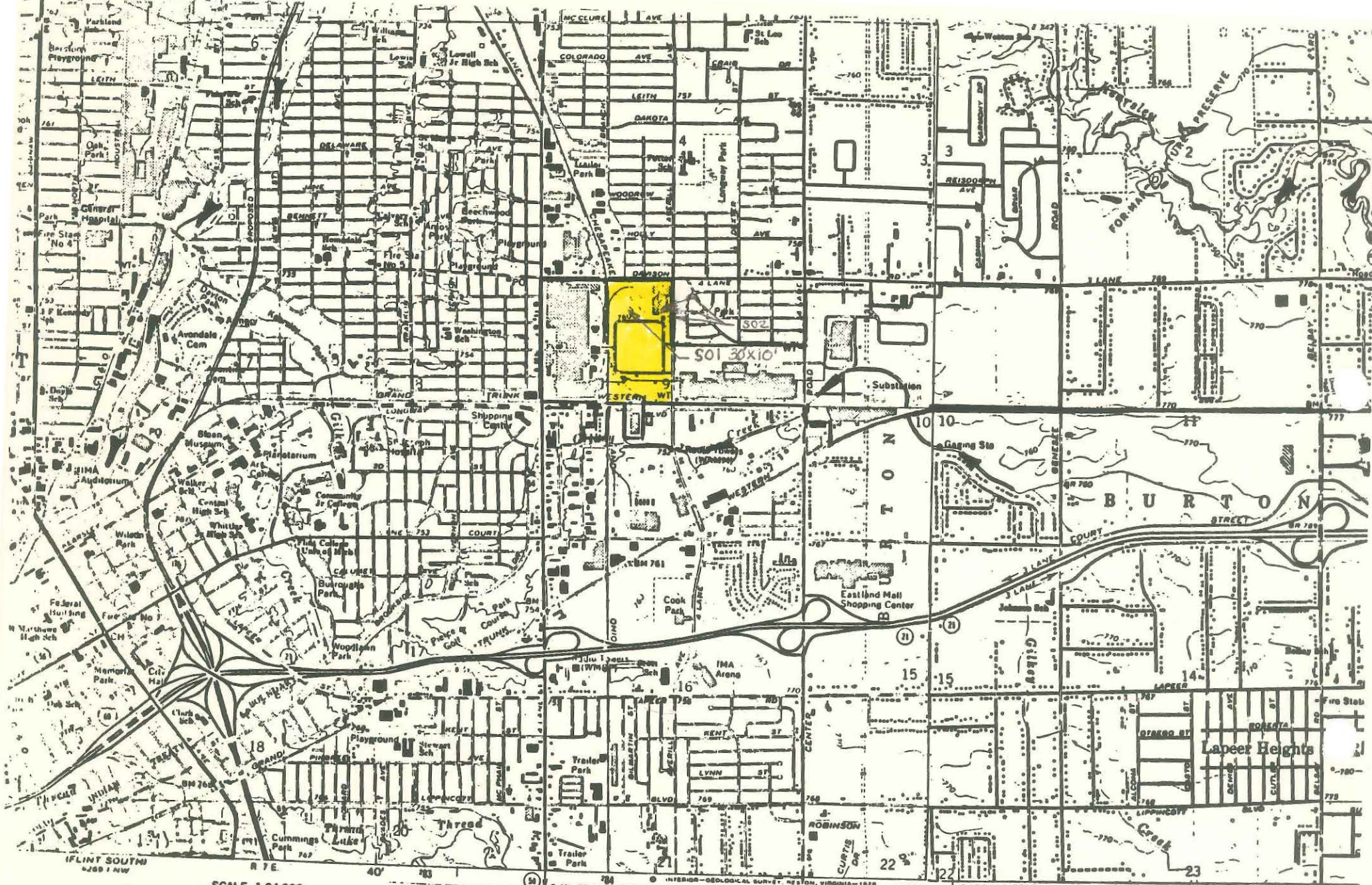
APPROX. SCALE - 1" = 320'-0"

- DENOTES STORAGE AREA & TANKS

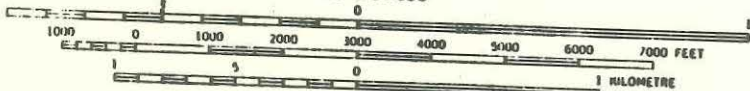
S01 - CONTAINER STORAGE

SO2 - TANK STORAGE





SCALE 1:24 000



CONTOUR INTERVAL 10 FEET  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

ENGINEERING COMPLEX

Lat. 43° 01' 46" N.  
Long. 083° 38' 50" W.



QUADRANGLE LOCATION



ROAD CLASSIFICATION  
Primary highway, all weather, hard surface  
Secondary highway, all weather, hard surface  
Light-duty road, all weather, improved surface  
Unimproved road, fair or dry weather  
Interstate Route  
U. S. Route  
State Route

Mapped, edited, and published by the Geological Survey  
in cooperation with State of Michigan agencies

Control by USGS and USC&GS

Topography by photogrammetric methods from aerial  
photographs taken 1966-67, and in part by the  
Genesee County Metropolitan Planning Commission  
Field checked 1969

Polyconic projection. 1927 North American datum  
10,000-foot grid based on Michigan coordinate system, south zone

FLINT NORTH. MICH.

EPA I.D. #MIT 270010259

FORM 1 ITEM XI







#3

Aug 1980

80-24962-9



DAVISON RD.



ENGINEERING  
COMPLEX

SOL CONTAINER  
STORAGE 30' X 10'

NEW BLOC.  
ADDITION  
SEE  
ATTACHED  
PHOTOGRAPH

SOL  
STORAGE TANKS

AVERRILL AVE.

FORM 3 ITEM VI

C.O. R.R.

MIT I.D. #270010259

ROBERT T. LONGWAY BLVD.

18



DATE OF PHOTOGRAPH  
3-22-79



M 270 010 259

G T TSD PA.

To See Below

Location

From Mr. J. W. Cagle

Location

Subject Delegation of Authority to Sign  
Reports Under EPA Consolidated  
Permit Programs

Date March 24, 1981

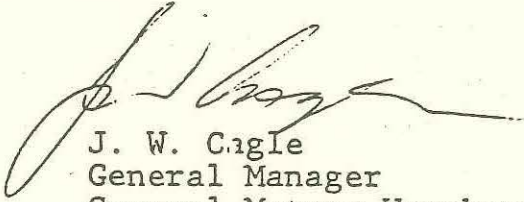
M 1 T 270 010 259

TO: All Parts Plant Managers  
All P.D.C. Managers  
All Truck and Coach Managers

As required under Environmental Protection Agency Consolidated Permit Programs, Part 122, Section 122.6, the position of Plant Manager is hereby designated as my duly authorized representative for your facility. As such, the Plant Manager is authorized to sign all reports required by permits, and other information requested by the EPA Regional Administrator and/or the State/Local Program Director.

In the absence of the person occupying the designated position due to vacation, illness, or other reasons, the person temporarily responsible for the operation of the facility or activity is my duly authorized representative.

Any questions should be directed to the Environmental Control Group - Flint Central Office.

  
J. W. Cagle  
General Manager  
General Motors Warehousing and  
Distribution Division

JWC/vp

cc: EPA Regional Administrator



## ENVIRONMENTAL PROTECTION AGENCY

## FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of  
regulated quantities of hazardous waste at any  
time during 1983. . . . . ☐

Please print/type with elite type (12 characters per inch)

## II. FACILITY EPA I.D. NUMBER

F M I D 9 8 0 5 6 8 6 2 0 1  
1 2 13 14 15 T/A C

This Facility's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other (explain  
in comment section)
C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF FACILITY

G M C A C S P A R K P L U G D I V D A V I S O N E N G I N E E R I N G  
30 69

## IV. FACILITY MAILING ADDRESS

3 1 3 0 0 N O R T H D O R T H I G H W A Y  
15 16 45

Street or P.O. Box

4 F L I N T M I 4 8 5 5 6  
15 16 41 42 47 51

City or Town

State Zip Code

## V. LOCATION OF FACILITY (if different than section IV above)

5 1 6 0 1 N O R T H A V E R I L L A V E N U E  
15 16 45

Street or Route number

6 F L I N T M I 4 8 5 5 6  
15 16 41 42 47 51

City or Town

State Zip Code

## VI. FACILITY CONTACT

2 G O R D O N L S C H U L T Z  
15 16 45

Name (last and first)

3 1 3 - 2 5 7 - 6 2 5 7  
46 55

Phone No. (area code &amp; no.)

## VII. COST ESTIMATES FOR FACILITIES

\$ 16 19 22 7, 4 0 0 \$ 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring  
and Maintenance (disposal facilities only)

## VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

K.M. Hopkins-Dir. of Plt. Eng. &amp; Toolrooms

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

## Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## IX. FACILITY'S EPA I.D. NO.

T/A C

F M I D 9 8 0 5 6 8 6 2 0 1  
1 2 13 14 15

## X. GENERATOR'S EPA I.D. NO.

G  
16 28

## XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

AC SPARK PLUG

ON-SITE ☐

## XII. GENERATOR ADDRESS

## XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM  
 1 5 0 T  
 S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

## XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 Contaminated soil (dirt contaminated from leaking tank.)	D 0 0 1 D 0 0 8 38 39 37 40	S 0 3	1 7 5.5	T
		* Waste oil (used in engines to test sparks)	D 0 0 8 41 44 45 48 49 51 52	S 0 1	2 6.2	T
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XV. COMMENTS (enter information by section number—see instructions)

Soil contaminated caused by a leaking underground storage tank that contained a rating fuel used to run engines for testing spark plugs. This fuel contained Benzene.

\*Waste oil sold for revenue (Recyclable)



## ENVIRONMENTAL PROTECTION AGENCY

## GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler  
2 Small Quantity Generator  
4 Exempt  
5 Beneficial Use  
9 Closed

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

## II. GENERATOR'S EPA I.D. NUMBER

- ☐ For 1983 Only ☐ Permanently  
☐ Other \_\_\_\_\_

F M I D 9 8 0 5 6 8 6 2 0 1  
1 2 13 14 15

T/A C

C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF INSTALLATION

G M C A C I S P A R K P L U G I D I V I D I A V I S I O N I N G I N E E R I N G  
30 69

## IV. INSTALLATION MAILING ADDRESS

3 1 3 0 0 N O R T H D O R T H H I G H W A Y  
15 16 45

Street or P.O. Box

4 F L I N T M I 4 8 5 5 6  
15 16 41 42 47 51  
City or Town State Zip Code

## V. LOCATION OF INSTALLATION (if different than section IV above)

5 1 6 0 1 N O R T H A V E R I L L A V E N U E  
15 16 45

Street or Route number

6 F L I N T M I 4 8 5 5 6  
15 16 41 42 47 51  
City or Town State Zip Code

## VI. INSTALLATION CONTACT

2 G O R D O N L I S C H U L T Z  
15 16 45

Name (last and first)

3 1 3 - 2 5 7 - 6 2 5 7  
46 55  
Phone No. (area code & no.)

## VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

K.M. Hopkins-Dir. of Plt. Eng. &amp; Toolrooms

Print/Type Name

Title

K.M. Hopkins 2/27/84

Signature of Authorized Representative

Date Signed

This report is for the calendar year ending December 31, 1983.

T/A C

Page 2 of 4



## ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	5	7	0	0	2	6	0	2	1
1	2										13	14	15

T/A C

## X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	5	7	0	0	2	6	0	2
16												28

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

ENVIRONMENTAL WASTE CONTROL, INC.

## XI. FACILITY ADDRESS

 27140 PRINCETON AVENUE  
 P.O. BOX 431  
 INKSTER, MI 48141

## XII. TRANSPORTATION SERVICES USED

ENVIRONMENTAL WASTE CONTROL, INC.

MID 057002602

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste oil (used in machines to manufacture auto accessories)	1 2	0 0 0 8	1,67	T
			33 34	35 38 39 42		
			43 46 47 50 51		59 60	
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XIV. COMMENTS (enter information by section number—see instructions)

WASTE OIL SOLD FOR REVENUE (RECYCLABLE)

## ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	5	1	7	0	0	2	6	0	2	1	1	
1	2													13	14	15

## X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	4	7	1	8	9	5	6	8
16												28

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

GENERAL OIL

## XI. FACILITY ADDRESS

12680 BEECH DALY

REDFORD, MI 48239

## XII. TRANSPORTATION SERVICES USED

GREAT NORTHERN OIL

MID 020849972

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste oil (used in machines to manufacture auto accessories)	1 2 33 34 43	0 0 0 8 35 38 39 42 46 47 50 51	9.5	T
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XIV. COMMENTS (enter information by section number—see instructions)

WASTE OIL SOLD FOR REVENUE (RECYCLABLE)